

State of South Carolina  
**OFFICE OF THE SOLICITOR**  
FOURTEENTH JUDICIAL CIRCUIT

POST OFFICE BOX 1880  
BLUFFTON, SOUTH CAROLINA 29910  
TELEPHONE: (843) 779-8893  
FACSIMILE: (843) 705-7479



Isaac McDuffie Stone, III  
SOLICITOR

ALLENDALE, BEAUFORT  
COLLETON, HAMPTON AND  
JASPER COUNTIES

**TRAFFIC EDUCATION PROGRAM**

**NAME:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**DRIVER LICENSE #:** \_\_\_\_\_ **STATE ISSUED:** \_\_\_\_\_

TICKET #	OFFENSE CODE	OFFENSE DESCRIPTION	OFFENSE DATE

**CHARGE REDUCED TO:** \_\_\_\_\_ **POINTS:** \_\_\_\_\_

**COURT:** \_\_\_\_\_ **ARRESTING AGENCY:** \_\_\_\_\_

**JUDGE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**\*\*\*PLEASE ATTACH A COPY OF THE CLIENT'S TICKET TO THIS REFERRAL\*\*\***

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Clients will not be allowed to apply to the program without the following:

- 1) Money order in the amount of \$280.00 made payable to "T.E.P."
- 2) Photo I.D. and Social Security Number

I have received the Traffic Education Program packet and will return the completed requirements by mail at Post Office Box 1880, Bluffton, SC 29910 or in person at the Solicitor's Office located at 102 Ribaut Rd., Beaufort, SC (Beaufort County Courthouse). I understand that failure to turn in the requirements within forty-five (45) days from my referral date will result in my case being returned to the referring court's active docket for prosecution.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Traffic Education Program Requirements:**

- 1) \$280.00 money order payable to TEP
- 2) Four (4) hour defensive driving class
- 3) Four (4) hours of community service at a non-profit organization

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Post Office Box 1880  
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Telephone: (843) 779-8893 Option#2  
Facsimile: (843) 705-7479  
Email: [kjohnson@scsolicitor14.org](mailto:kjohnson@scsolicitor14.org)

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**The Fourteenth Circuit Solicitor's Office is now offering the Traffic Education Program in lieu of points against your driving record. Please read instructions below to insure your successful completion of the program.**

- Attached are an application, a contract, and a community service verification form.
- The online class is available at: [www.idrivesafely.com/defensive-driving/south-carolina/](http://www.idrivesafely.com/defensive-driving/south-carolina/). You are responsible for providing proof of completion for this course
- You may complete the community service with any non-profit organization.
- The referring court will be notified and you ticket dismissed upon receipt of the completed packet.

**Important: You must return the following within 45 days after your referral date to successfully complete the program:**

- \$280.00 fee
- completed application
- signed contract
- court referral
- certificate of completion for defensive driving
- verification of completed community service

**Failure to complete the program requirements and return the forms and verifications along with the fee of \$280.00 within 45 days will result in your case being returned to court for prosecution.**

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# TRAFFIC EDUCATION PROGRAM APPLICATION

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

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**TRAFFIC EDUCATION PROGRAM PARTICIPATION CONTRACT**

**Eligibility**

I understand that I must request a referral for TEP from the Court of Jurisdiction.

**Fees**

I understand that a non-refundable fee of \$280.00 must be paid to cover the cost of the program.

**Driving Education Course**

The online class is available at: [www.idrivesafely.com/defensive-driving/south-carolina/](http://www.idrivesafely.com/defensive-driving/south-carolina/). You are responsible for providing proof of completion for this course

**Community Service**

I understand that I must complete (4) hours of community service for a non-profit organization and that **I must provide verification to the Traffic Education Program.** The hours must be documented on the provided form.

**Termination from Program**

I understand that if I receive another traffic violation, or fail to complete the community service hours and the driving education course by the deadline, I will be referred back to the court.

**Completion**

I understand that upon successful completion of the Traffic Education Program, the court will be notified to dismiss the appropriate charge(s).

I hereby consent and allow the Traffic Education Program to discuss my participation with the National Safety Council and the community service agency.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**I further understand and agree that the Solicitor's Office has the sole authority to determine whether or not the rules and regulations of the Traffic Education Program have been violated, and that decision for completion rest solely with the Solicitor or his designee.**

I hereby voluntarily consent to participate in the Traffic Education Program and enter into this contract freely and voluntarily, without duress, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, in the county of \_\_\_\_\_, State of \_\_\_\_\_.

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**COMMUNITY SERVICE TIME SHEET**

**CLIENT:** \_\_\_\_\_

The above named client has been referred to the Traffic Education Program. This diversion program is governed by the Solicitor/State Prosecutor and allows certain traffic tickets to be dismissed upon successful completion. One component for completion is that each client is required to perform four (4) hours of community service for a **non-profit agency**. Clients are encouraged to be on time, courteous and appropriately dressed.

**Upon completion of community service, please have your work site supervisor provide their contact information and confirm your completion. Documentation must be received in this office within forty-five (45) days from your referral date.**

Agency Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_

Date	Time In	Time Out	Hours	Supervisor

\*NOTICE: providing false information on this sheet may constitute a separate criminal offense, including forgery. All individuals involved may be prosecuted.